



566 Woodlands Rd ( Mandai Estate ) Singapore 728697  
UEN no: 53360061L  
HP: (+65) 9850-9666 Email: Connect3winnie@gmail.com

Your Ref : Pls advise

01 December 2018

**AXA Insurance Singapore Pte Ltd**  
**8 Shenton Way, #27-01 AXA Tower**  
**Singapore 068811**

Dear Sir,

**TO PROPOSE A CLAIM OF AN ACCIDENT INVOLVING PA9396D & SJT5661K  
ON 07/11/18.**

We refer to the above, we are authorized by owner BT & Tan Transport Pte Ltd of vehicle no PA9396D to negotiate and settle the claim on his behalf.

We hereby quantify our claim as follows:-

1) Repair Cost inc 7% gst	S\$	4,387.00
2) Loss of Use @ \$100 X 06 days	S\$	600.00

<b>Total</b>	<b>S\$</b>	<b>4,987.00</b>
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We enclosed a copy of each of the following for your consideration:

- 1) Repair Bill inv: 484
- 2) Motor Accident report of vehicle no. PA9396D
- 3) Letter Authorization (original available upon request)
- 4) Insurance Certificate
- 5) Vehicle registration card
- 6) Pre repair inspection (done Naz LKK on 09/11/18 )

Kindly acknowledge receipt of the above said documents and hope to receive your favourable reply ASAP.

Thank you.

Yours sincerely

  
Winnie Chai  
HP: 9850-9666



**LETTER OF AUTHORITY & INDEMNITY**

To Connect3

566 Woodlands Road ( Mandal Estate ) S (728697)

ACCIDENT INVOLVING VEHICLE NO. PA 9396D AND SJT 5661 K  
AT Junction of Eunos Rd 5 & 3 ON 07/11/2018.

1. I/ We, the owner of vehicle no. PA9396D hereby instruct and authorize you to commence repairs to the said vehicle and to make 3<sup>rd</sup> party claim on my behalf for my loss and damage.
2. You are further authorized to appoint solicitors on my/ our behalf and give the solicitors full instructions as if the appointment is made and instructions are given by me/ us with respect to the conduct of my/ our claim against the third party driver and or his Insurers including if necessary, to commence legal proceedings in Court in my/ our name against the 3<sup>rd</sup> party.
3. You have my/ our full authority to instruct my/ our solicitor to negotiate a settlement with the third party and/ or his Insurers on such terms as you deem fit.
4. Upon resolving my/ our claim, you are authorized to agree with my/ our solicitors on the amount of their professional costs and disbursements for acting for me/ us and to receive payment of the balance of the settlement sum on my/ our behalf directly into your account.
5. In the event that I/ we am/ are required to attend at my/ our solicitors' office or to attend Court connection with my/ our claim, I/ we shall render full co-operation.
6. In the event that my/ our claim against the 3<sup>rd</sup> party and/ or his Insurers is not successful or cannot be proceeded with, I/ we authorize you to make a claim against my/ our own Insurers for the cost of repairs and any losses recoverable under my/ our policy of insurance. In this respect, I/ we understand and accept that personally liable to bear all Legal Costs incurred by you in claiming back for the repair costs by your solicitors.
7. I/ We hereby irrevocably direct all insurer to make all settlement sums payable to "Connect3" or my/ our solicitors, and not to me. Such payment shall be full and valid discharge by me/ us.
8. If the settlement sum is paid to me/ us directly by cheque from the insurer in their disobedience and/ or negligence of my above direction, I/ We shall forthwith exchange with you or pay you for the said cheque by my/ our cheque/ cash of the same amount or return you any payment in any manner as directed by you.
9. If for whatever reason, my/ our Insurers reject my/our claim for indemnity for the cost of repairs and/ or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you or my insurance policy does not cover such claim, I/ we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonable incurred on my/ our behalf or to pay you the difference in amount, as the case may be.

X 

Date this 08 of 11 2018

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

NRIC No. : \_\_\_\_\_

(Company stamp, if applicable)

Name of Witness: \_\_\_\_\_

NRIC No : \_\_\_\_\_





DATE	:	1-Dec-18
D/O NO	:	-
P/O NO.	:	-
VEHICLE NO.	:	PA9396D
TERMS	:	COD

Authorised Signature